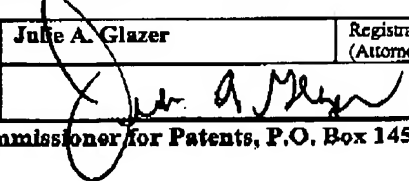


<b>FEE TRANSMITTAL</b> <b>for FY 2008</b> Patent fees are subject to annual revision. Effective September 30, 2007	<b>Complete if Known</b>	
	Application Number	10/762,152
	Confirmation Number	4966
	Filing Date	January 21, 2004
	First Named Inventor	Dean Larry DuVal
	Examiner Name	Stephen Michael Gravini
	Art Unit	3749
<b>TOTAL AMOUNT OF PAYMENT (\$)</b>		Docket No. 9496

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<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																																														
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		5. <b>ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$460) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,050) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,640) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,230) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,030) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,410) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Fee Description	Fee Paid	Extension for reply within 1 <sup>st</sup> month	(\$120) <input checked="" type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$460) <input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,050) <input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,640) <input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,230) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$510) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$510) <input type="checkbox"/>	Request for oral hearing	(\$1,030) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410) <input type="checkbox"/>	Other:	<input type="checkbox"/>															
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3. <b>APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) <b>SUBTOTAL (2)+(3) (\$)</b> <input type="checkbox"/>																																																
4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b> <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below <b>Fee Description</b> Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) <b>SUBTOTAL (4) (\$)</b> <input type="checkbox"/>			Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>																															
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<b>SUBMITTED BY</b> Name (Print/Type) Julie A. Glazer Signature 		Complete (if applicable) Registration No. (Attorney/Agent) 41,783 Telephone (513) 627-4132 Date January 17, 2008																																														

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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